

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE AMENDMENT TRANSMITTAL LETTER

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Applicant

: Kristine B. Fuimaono, et al.

Application No.

: 10/040,977

Filed Title

: December 31, 2001

: METHOD AND SYSTEM FOR ATRIAL DEFIBRILLATION

Grp./Div.

: 3762

Examiner

: George C. Manuel

TECHNOLOGY CENTER PATCO

Docket No.

: 36773/AW/W112

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Post Office Box 7068 Pasadena, CA 91109-7068 September 28, 2004

## Commissioner:

Enclosed is an amendment to the above-identified application.

		CLAIN	AS AS AME	NDED		
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	41	*43	0	0 x \$9.00	0 x \$18.00	0
Independent Claims	6	** 3	3	0 x \$43.00	3 x \$86.00	\$258.00
Multiple Dependent Claims ***				\$145.00	\$290.00	0
TOTAL FILING FEE	-					\$258.00
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					0

LIST INDEPENDENT CLAIMS: 1, 24, 29, 30, 31, 43

- \* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3
- \*\* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3
- \*\*\* PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME
- \*\*\*\* IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"

<u>X</u>	Attached is our check for \$258 to pay the fees calculated above.
	A Petition for Extension of Time and the required fee are enclosed
	Other enclosures:

## Amendment Transmittal Letter Application No. 10/040,977

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A copy of this letter is enclosed.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

Ву \_

Anne Wang Reg. No. 36,045 626/795-9900

AW/ldb